ANNUAL REPORT FORM - TIRE RECYCLING FACILITY

Report Period: January 1, 2023 – December 31, 2023

Business Name:	County:
Business Phone: Contact Name:	
Physical Address / Location of Facility:	
Mailing Address:	City:
State:Zip:E-mail Address if available	
Owner Name:	Phone:
Please check the method of reporting: # of tires weight (to	ons) of tires
Total number or weight of tires received in 2023:	
Total number or weight of tires processed in 2023:	_
Describe type(s) of processing including rammed earth, baling, s	plitting, grinding, shredding etc:
Total number of loose tires on site on 12/31/2023:	
Total number of tire bales (if applicable) on site on 12/31/2023:	
Number of ground or rammed earth scrap tires (not in a project)	on site on 12/31/2023:
1. List all scrap tire haulers or scrap tire generators, includ in 2023. [NOTE: "Scrap tire generator" means a person who ge Use additional pages if scrap tires were transported by more than	enerates scrap tires, including retail tire dealers.
a. Name of hauler/dealer:	
Contact Person:	Phone number:
Mailing Address:	City:
State:Zip: E-mail Address if availabl	le
Number of PTEs delivered to your facility in 2023:	
Origin of scrap tires:	
Contact Person:	Phone number:
Mailing Address:	City:
State:Zip: E-mail Address if availabl	le

b.	Name of hauler/dealer:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip:E-mail Address if	available	
	Number of PTEs delivered to your facility in 20)23:	
	Origin of scrap tires:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip:E-mail Address if	available	
c.	Name of hauler/dealer:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip:E-mail Address if	available	
	Number of PTEs delivered to your facility in 2023:		
	Origin of scrap tires:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip:E-mail Address if	available	
		.g., landfill, ranch, project site, etc.) of all processed or lity in 2023? [NOTE: Use additional pages if scrap tires	
NC	TE: Upon your request, the information will be	held confidential.	
a.	Name of final disposition entity:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip:E-mail Address if	available	
	Physical Address / Location:		

	Number of PTEs disposed from your facility in 2023:		
b.	Name of final disposition entity:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if available		
	Physical Address / Location:		
	Number of PTEs disposed from your facility in 2023:		
c.	Name of final disposition entity:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if available		
	Physical Address / Location:		
	Number of PTEs disposed from your facility in : 2023		
	penalty of perjury, I hereby attest that the information provided is t of my knowledge.	n this report is accurate and complete, to	

Signature

Date